



Annual Detroit Metro Area HIV Surveillance Report New Diagnoses and Prevalence, 2015

All data as of May 1, 2016

Category	Value	Category	Value	Category	Value
1	7	1	7	1	21
2	2	2	2	2	10
3	1	3	1	3	24
4	4	4	4	4	38
5	1	5	1	5	41
6	32	6	32	6	17
7	2	7	2	7	11
8	130	8	130	8	15
9	33	9	33	9	57
10	1	10	1	10	7
11	14	11	14	11	46
12	1	12	1	12	35
13	3	13	3	13	4
14	1	14	1	14	14
15	23	15	23	15	15
16	3	16	3	16	10
17	31	17	31	17	7
18	52	18	52	18	18
19	7	19	7	19	11
20	83	20	83	20	35
21	149	21	149	21	24
22	1	22	1	22	10
23	8	23	8	23	35
24	1	24	1	24	41
25	8	25	8	25	8
26	13	26	13	26	13

Detroit Metro Area (DMA) includes counties Lapeer, Macomb, Monroe, Oakland, St. Clair, and Wayne

HIV, Body Art, STD and Viral Hepatitis Section
Division of Communicable Disease
Bureau of Disease Control, Prevention and Epidemiology
Michigan Department of Health and Human Services

Lansing - HIV Surveillance Office
333 S. Grand Ave., 3rd Floor
Lansing, MI 48913
517-335-8165

Southfield - HIV Surveillance Office
MDHHS - South Oakland Health Center
27725 Greenfield Rd, Office 57A
Southfield, MI 48076
248-424-7910



www.michigan.gov/hivstd

Overview

Michigan's HIV Surveillance Program collects, interprets, and disseminates population level data regarding persons living with HIV (PLWH) and persons at risk of contracting the virus. Since 2001, the program has produced semi-annual reports for a wide audience. Beginning in 2016, these reports were overhauled and split into two parts. This report presents the most relevant information using graphical, user-friendly displays. A second report, the "Annual Detroit Metro Area HIV Surveillance Report - Tables," contains data most commonly requested by agencies and individuals. Due to differences in the underlying dataset, do not compare any numbers or figures to old surveillance reports. For more on the difference see the "Annual Detroit Metro Area HIV Surveillance Report - Tables."

Key Definitions

New Diagnoses: The number of cases newly diagnosed over a given period of time, usually a year. In HIV surveillance new diagnoses do not necessarily represent new infections as newly diagnosed cases may have been infected for many years.

Prevalence: The total number of persons currently living with HIV (PLWH).

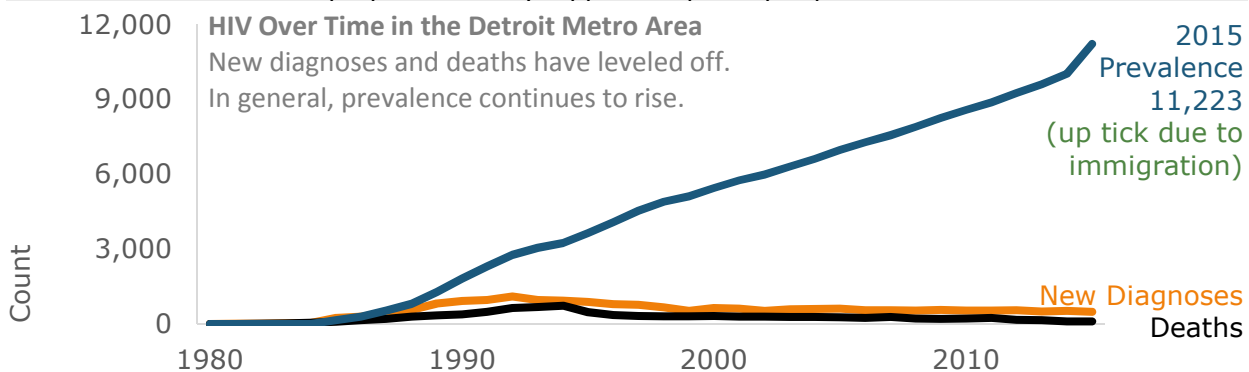
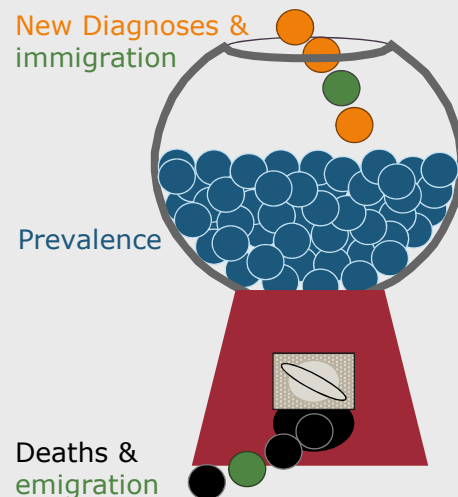
Linked to Care: The proportion of newly diagnosed PLWH who have visited a doctor at least eight days after diagnosis (assessed by CD4, viral load, or genotype test).

In Care: The proportion of PLWH who visit a doctor at least once a year (assessed by CD4, viral load, or genotype test).

Community Viral Suppression: The proportion virally suppressed (≤ 200 c/mL) out of *all* PLWH - higher levels of community viral suppression reduce HIV transmission.

Viral Suppression

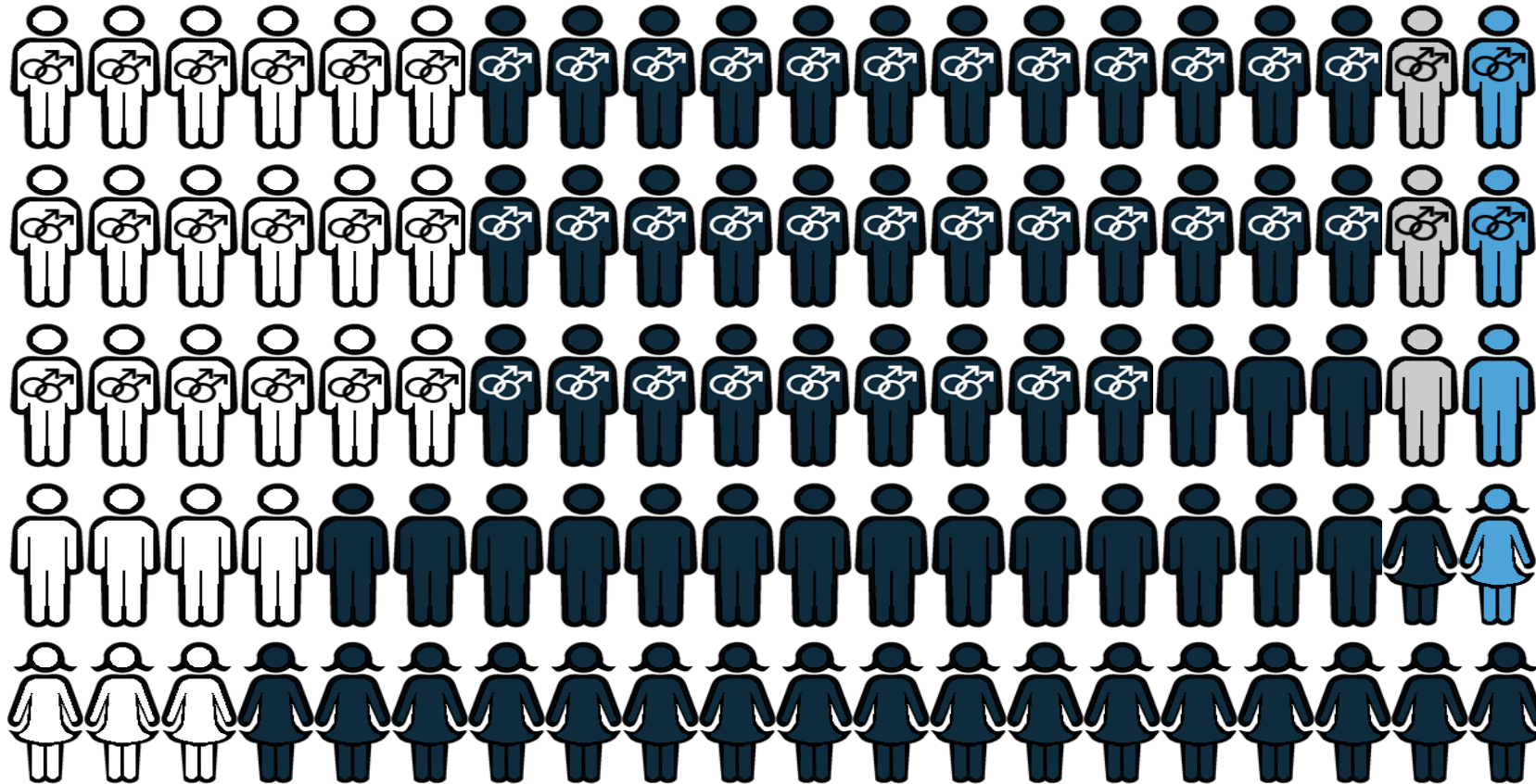
Rate: The proportion virally suppressed (≤ 200 c/mL) out of PLWH *in care*.



Persons living with HIV (PLWH) - Demographics

On January 1, 2016

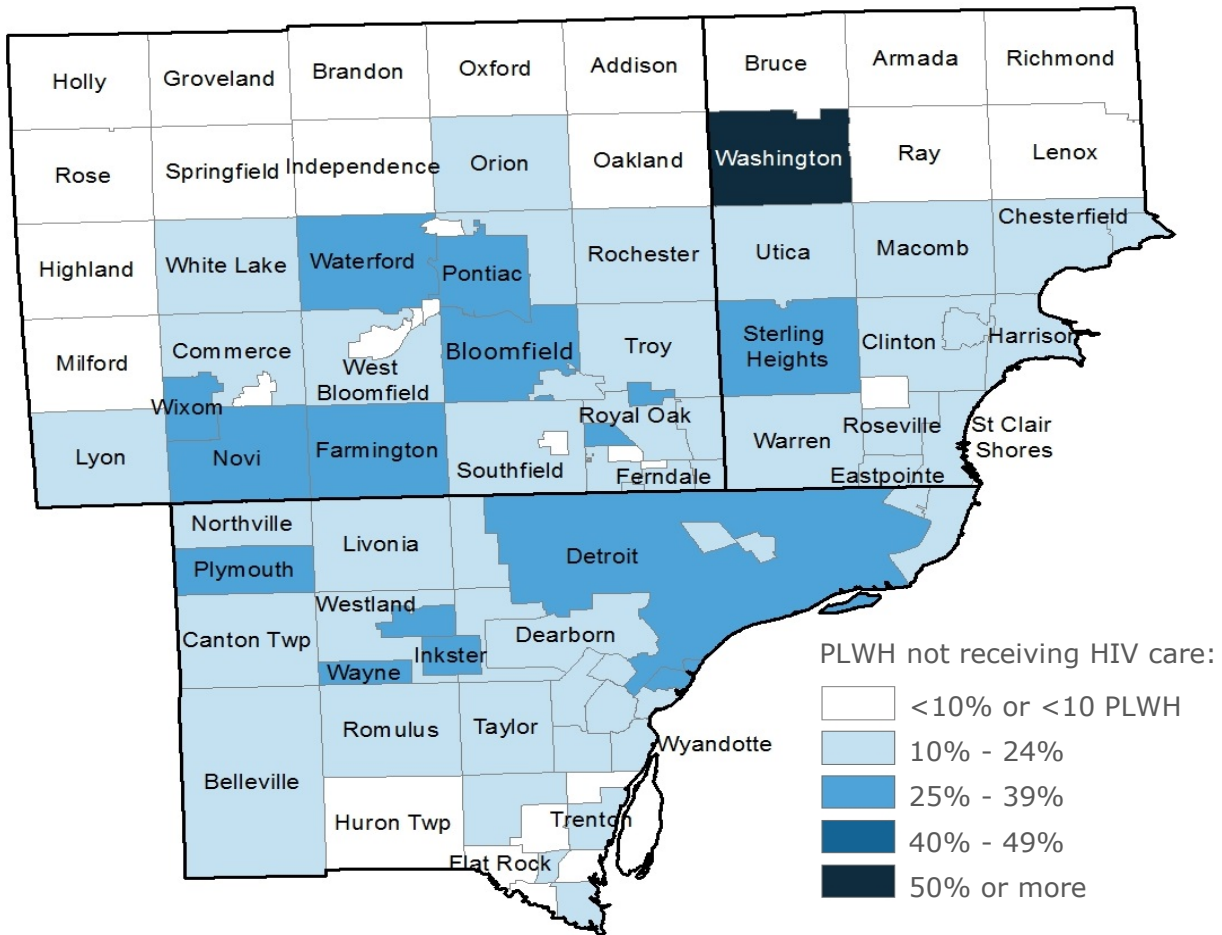
The HIV epidemic represented as 100 people. The majority of persons living with HIV (PLWH) are black men and/or gay & bisexual men. Of women living with HIV, the vast majority are black.



Icon Key

	White	Black	Latino(a)	Other
Gay & bisexual men				
Other men				
Women				

Persons living with HIV (PLWH) - Unmet Need During 2015



Demographic groups of PLWH consistently not in care:

TEENS

34% of persons 13-19 yrs old are not in care.



28% of **LATINO/HISPANIC** persons are not in care.



31% of persons **WHO INJECT DRUGS** are not in care.



39% of **FOREIGN BORN** persons are not in care.

In the Detroit Metro Area (DMA), PLWH in care are very likely to be virally suppressed, improving the individual's prognosis and reducing transmission. However, **23% of PLWH in the DMA are not in care** (aka unmet need).

Unmet need is not equally distributed among PLWH. In the DMA, teens, Latino/Hispanic persons, persons who inject drugs and foreign born persons consistently have higher rates of unmet need.

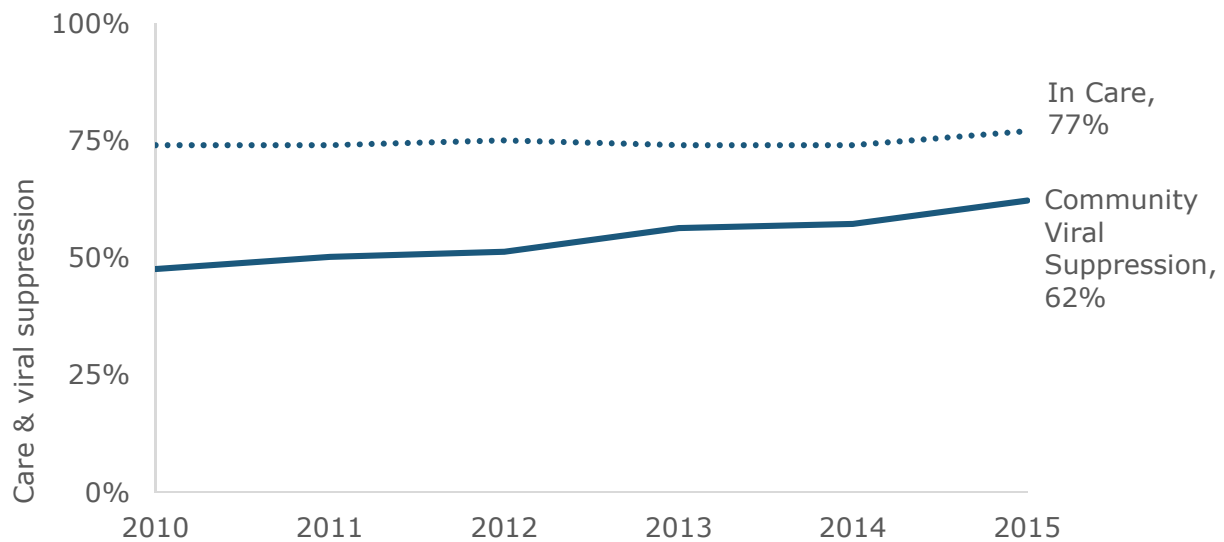
Persons living with HIV (PLWH) - Care & Viral Suppression 2006 - 2015

Virally suppressed PLWH have improved prognoses and reduced transmission risk. In recent years, viral suppression rates and the community viral suppression levels continue to rise. However, the proportion of PLWH in care is stagnant. Community viral suppression levels can never surpass the proportion in care (as one cannot achieve viral suppression without first being in care).

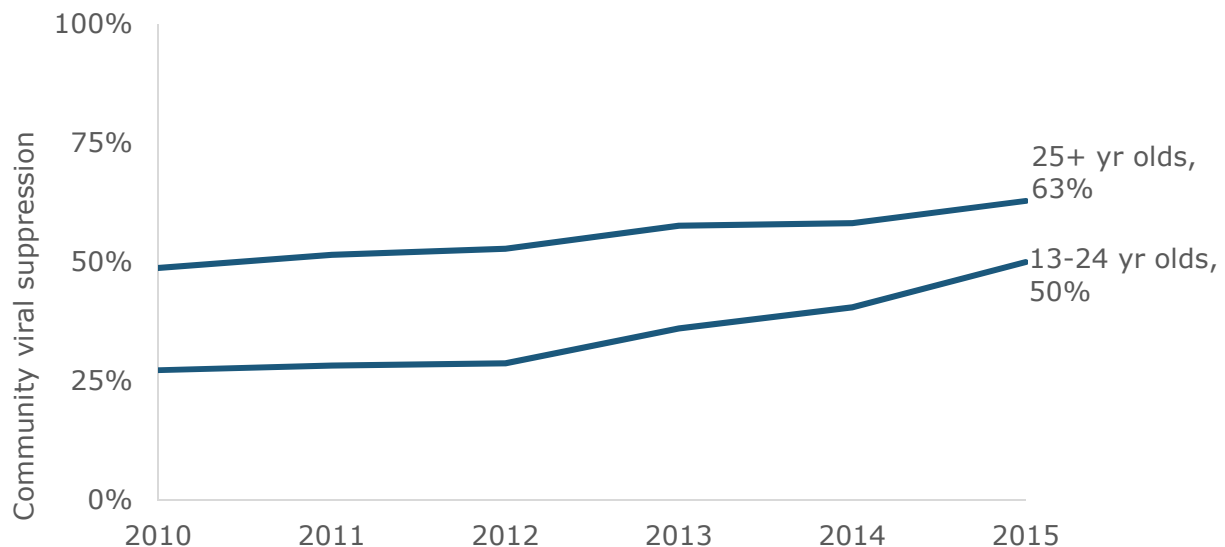
Given these trends, one of two outcomes will likely be observed in the near future:

- Community viral suppression will stagnate, or
- If agencies and programs focus on retaining PLWH in care, it is likely community viral suppression will follow as viral suppression rates continue to rise.

In order for community viral suppression to continue increasing, the proportion of PLWH in care must increase.

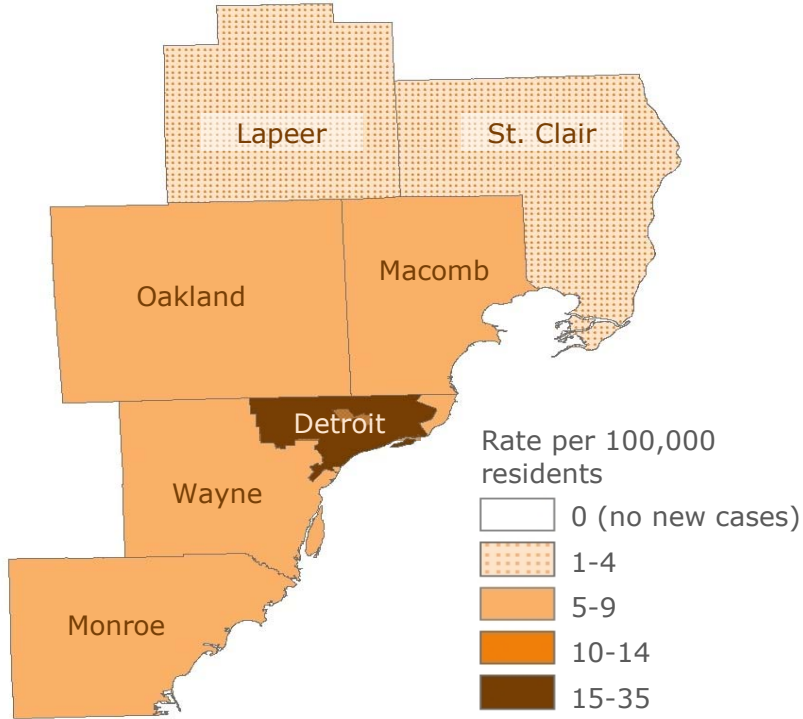


Community viral suppression continues to rise in all age groups. However, younger persons still achieve viral suppression less often (have higher viral loads) than their older peers.



New Diagnoses

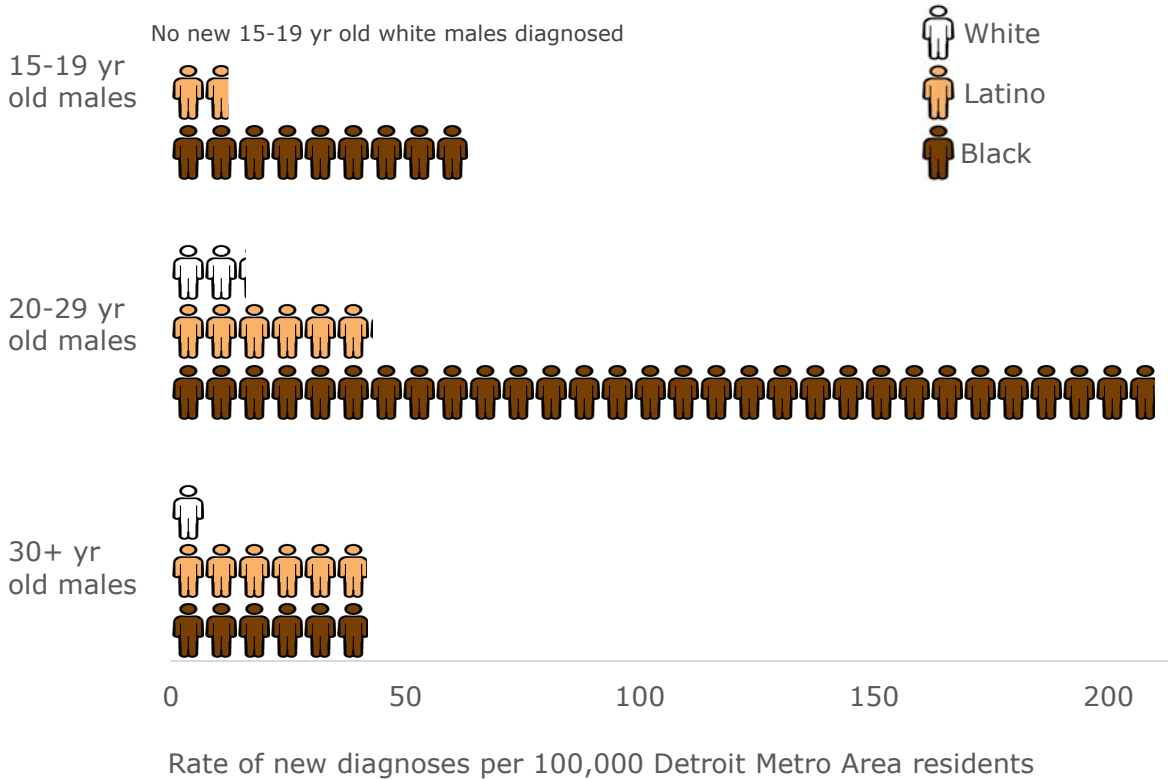
During 2015



The epidemic continues to disproportionately affect the City of Detroit. The City had a diagnosis rate of 35 new cases per 100,000 residents.

*Does not include persons diagnosed in prison.

Males 20-29 years old carry the heaviest burden of new diagnoses. Black males of every age experience disproportionately high rates of diagnosis.

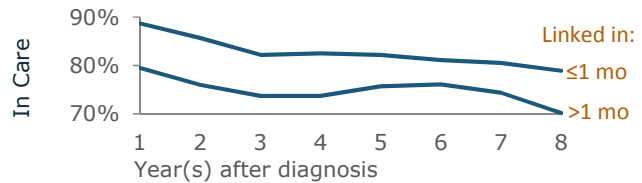


New Diagnoses - Linkage to Care

During 2015

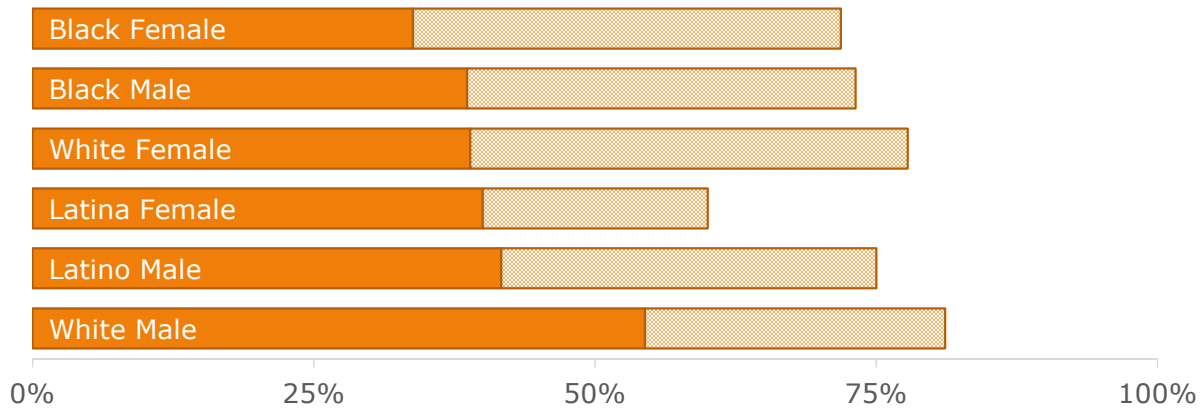
Being linked to care quickly improves prognosis and decreases transmission. It is extremely important for the health of the individual and the prevention of HIV to link newly diagnosed persons to a health care provider as soon as possible.

Persons linked quickly were more likely to be in care during the years following diagnosis



Black persons are linked slower than persons in other race groups. Males within race groups are linked to care more often and more quickly than females of the same race.

Linked → ■ in 1 month ■ in 1-3 months



New Diagnoses - Linkage to Care

2006 - 2015

The proportion of persons who are linking up with a care provider continues to grow, however the proportion linked in 1 month has stagnated.

